

2002-2003 Verification Materials for School Nutrition Programs

“Verification” is the confirmation of eligibility for free and reduced-price benefits under the National School Lunch, School Breakfast, and Special (Free) Milk Programs. Verification must substantiate income eligibility or current participation in the Food Stamp Program, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), or the Food Distribution Program on Indian Reservations (FDPIR). Two of the attached forms have been updated to meet the requirements of the Coordinated Review Efforts (CREs).

This packet includes the following verification documents/forms for the 2002-2003 school year:

- ▶ Notification of Selection for Eligibility Verification
- ▶ Acceptable Verification Documents
- ▶ Request for Social Security Numbers
- ▶ Verification by Employer or Food Stamp/CalWORKs/KinGAP/FDPIR Office of Information Provided on Application for Free or Reduced-Price Meals
- ▶ Sponsor/Agency Verification Summary (**REVISED**)
- ▶ Verification Documentation of Households Applying for Free or Reduced-Price Meals
- ▶ Letter of Verification Results for Terminating Food Stamp/CalWORKs/KinGAP/FDPIR Benefits
- ▶ Letter to Food Stamp/CalWORKs/KinGAP/FDPIR Office from the Sponsor or Agency
- ▶ Letter of Verification Results and Adverse Action for Income Households
- ▶ Verification of Food Stamps/CalWORKs/KinGAP/FDPIR Recipients (Multiple Applicants)
- ▶ Verification Findings of Individual Students (**REVISED**)

The attached documents are formatted for *Windows 98*, *Microsoft Word 2000*, and printed on a *Lexmark Optra N* laser printer. **Copies are available for downloading at the following Nutrition Services Division's Internet website:**

<http://www.cde.ca.gov/nsd/snp/index.html>

To obtain specific documents on floppy disk or via email, contact Leo Rodriguez at (916) 445-0850, (800) 952-5609, or lrodrigu@cde.ca.gov.

NOTIFICATION of SELECTION for ELIGIBILITY VERIFICATION

{Enter name and address of school district}

IMPORTANT: YOU MUST REPLY TO THIS LETTER

Date: _____

RE: _____ (Enter student's name)

Dear Parent/Guardian:

Your application to receive free or reduced-price meals has been chosen for verification of eligibility. The selection of your application is part of a federally required process to ensure only eligible children receive free or reduced-price meal benefits.

You must provide information or documents, which confirm your household's income, **OR** show that your household receives Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits. Unless your household receives Food Stamp, CalWORKs, KinGAP, or FDPIR benefits, you must provide the social security number of each adult household member who is 21 years of age or older. Space is provided on the enclosed form, **"REQUEST FOR SOCIAL SECURITY NUMBERS"** for listing adult household members and their social security numbers.

Also, the enclosed **"ACCEPTABLE VERIFICATION DOCUMENTS"** form lists the types of documents you may submit for verification. If you send us original documents, you should enclose a note requesting their return.

Please send this information to:

School/District Office: _____

Address: _____

City, State, Zip: _____

Attention: _____

If you do not provide information that confirms your child(ren)'s eligibility for free or reduced-price meal benefits by **(insert date)**, your child's meal benefits will stop.

If you have any questions regarding this letter/procedure, please call _____ at () _____ - _____.

Thank you for your cooperation in this matter.

Enclosures: *Request for Social Security Numbers*
Acceptable Verification Documents

REQUEST for SOCIAL SECURITY NUMBERS

(As part of the annual school nutrition program VERIFICATION process)

If you do not currently receive Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), or Food Distribution Program on an Indian Reservation (FDPIR) benefits for your child(ren), you must:

- (1) Submit information documenting your current household income;
- (2) In the spaces below, write the name and social security number of each household member 21 years of age or older. Write the word "none" if an adult household member does not have a social security number.*

<u>Names of Adult Household Members</u>	<u>Social Security Numbers</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

***Privacy Act Statement: National School Lunch Act (Section 9)** requires that, unless your child's Food Stamp, CalWORKs, KinGAP, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State's Employment Development Department offices to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

ACCEPTABLE VERIFICATION DOCUMENTS

In order to comply with the verification request, please provide documents that show your household's **current** income. Examples of types of acceptable documents are listed below:

HOUSEHOLDS receiving Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), and the Food Distribution Program on Indian Reservation (FDPIR) benefits:

Provide documents that show your household's current participation in this program. No other income information is required. Acceptable documents include:

- ✓ Food Stamp/CalWORKs/KinGAP/FDPIR certification notice showing eligibility period;
- ✓ Copy of CalWORKs warrant;
- ✓ Letter from the Food Stamp, CalWORKs, KinGAP, or FDPIR office stating you now receive benefits; or
- ✓ Authorization to Participate (ATP) card with current date, clearly identifying your or your child's Food Stamp, CalWORKs, KinGAP, or FDPIR eligibility.

A monthly Benefit Issuance Receipt, or an Electronic Benefit Transfer (EBT) card **is not proof** of Food Stamp Program eligibility. If your Food Stamp eligibility has ended, you must provide proof of your current income and send the necessary documents listed on this page.

Other Welfare Payments

- ✓ Benefit letter from the welfare agency stating the amount of the benefit

ALL OTHER HOUSEHOLDS

Earnings/Wages/Salary

- ✓ Current paycheck stub that shows how much and how often income is received
- ✓ Letter from employer stating amount of gross wages paid and how often they are paid
- ✓ Business or farming papers, such as ledger or tax books

Social Security/Pensions/Retirement

- ✓ Social security benefit letter
- ✓ Statement of benefits received
- ✓ Pension award notice

Unemployment Compensation/Disability or Worker's Compensation

- ✓ Copy of the unemployment/disability/worker's compensation award letter
- ✓ Check stub

Child Support/Alimony

- ✓ Court decree, agreement, or copies of checks received

All Other Income

If you have other types of income (such as rental income, etc.), provide information or documents that show the amount of income received, how often it is received, and the date received.

For example: Self-Employment Income

- ✓ Business or farming documents, such as ledger books
- ✓ Last quarterly tax estimate and last year's tax return

No Income

If you have no income, submit a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income.

If you have any questions or need help in deciding on the kind of information to provide, please call _____ at () _____ Ext. _____.

**VERIFICATION by EMPLOYER or FOOD STAMP/CALWORKS/KINGAP/FDPIR OFFICE
of INFORMATION PROVIDED
on APPLICATION for FREE or REDUCED-PRICE MEALS**

SUBMIT ONE FORM FOR EACH HOUSEHOLD MEMBER.

STATEMENT OF EARNINGS – EMPLOYER VERIFICATION

This is to confirm that (enter employee name) _____ received the following amount of gross income *before* deductions for taxes, social security, etc.

\$_____ for pay period from _____ to _____.

This income is received: () Weekly () Monthly () Other _____

STATEMENT OF SOCIAL SECURITY AND/OR SUPPLEMENTAL SECURITY INCOME (SSI)

This statement is to confirm that (enter name of claimant) received \$_____ in gross benefits for the month of (enter month and year): _____. **BENEFIT SOURCE (Check one)** () Social Security () SSI


Name of Child	Name of Parent or Guardian	Food Stamp Number	CalWorks or KinGAP Number	FDPIR Number

This section certifies that the information provided above is true and correct.

 Signature: _____



Telephone: (_____) _____ Ext: _____

 Print name and title of person signing this form: _____

Date: _____

Title (Check one) :	Employer		Social Security / SSI Official		Food Stamp, CalWORKs, KinGAP, or FDPIR Official	
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VERIFICATION DOCUMENTATION of HOUSEHOLDS APPLYING for FREE or REDUCED-PRICE MEALS

(For School/Agency Use Only)

Instructions: Complete one form for each application and attach to application.

Name of Child		Name of Parent/Guardian			
Date Selected for Verification		Date Response Due from Households		Date Second Notice Sent	

Food Stamp/CalWORKs/KinGAP/FDPIR HOUSEHOLDS	Food Stamp	CalWORKs/ KinGAP	FDPIR
Eligibility Confirmed <i>(write "Yes" or "No" in the appropriate column)</i>			
Eligibility based on:			
Food Stamp/Welfare Office			
Notice of Eligibility			
ATP card/warrant			

INCOME HOUSEHOLDS - VERIFICATION SOURCE	Check one (✓):	
	YES	NO
Pay stubs	()	()
Written documents Identify:	()	()
Collateral contacts Identify:	()	()
School/Agency records Identify:	()	()
Other <i>(please explain)</i>		

Sample Selection <i>(check one)</i>	Random:		Focused:		100%:	
Other <i>(please explain)</i>						

Verification Results <i>(check one)</i>	No change in benefits:		Ineligible for benefits:	
	Free to reduced price:		Reduced price to free:	

Reason for Eligibility Change <i>(check all that apply)</i>	Income:		Household Size:		Refused to Cooperate:	
Other <i>(please explain)</i>						

Signature of Verifying Official	Date	Effective Date of Adverse Action Notice
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LETTER OF VERIFICATION RESULTS

Terminating Food Stamp/CalWORKs/KinGAP/FDPIR Benefits

Date: _____

Dear _____:

RE: Child(ren)'s name(s): _____

School: _____

We have completed verifying your child(ren)'s eligibility for free meal benefits. Available records show that your household is **not** currently receiving Food Stamp, CalWORKs, KinGAP, or FDPIR benefits at this time. Effective with the benefit termination date shown below, your child(ren)'s free meal benefits will be terminated.

Meal Benefit Termination Date: _____

You may reapply for meal benefits for your child(ren) by:

- 1) Completing a new application with income information;
- 2) Sending us documents that show your household's income, such as pay stubs.

Continued meal benefits will depend on your current household income.

If you disagree with this decision, you may file an appeal. If your appeal is filed by the benefit termination date above, your child(ren) will continue to receive free meals until a decision is made by the district's hearing official. An appeal may be filed by calling or writing the person listed below:

Name of Hearing Official: _____

Title of Hearing Official: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

If you are currently **ineligible** for benefits, but your household circumstances change, you may complete a new application at any time.

LETTER to FOOD STAMP/CalWORKs/KinGAP/FDPIR OFFICE from the Sponsor or Agency

Dear _____: Date: _____

The recipients of Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits automatically qualify for free school meals. The regulations for Food Stamp, CalWORKs, KinGAP, and FDPIR benefits permit these offices to release eligibility information to administrators of the National School Lunch and School Breakfast Programs to ensure that only eligible children receive free meal benefits.

Enclosed is a listing of approved free meal applicants who have been selected for verification and who have indicated that the child for whom the application was made now receives Food Stamp, CalWORKs, KinGAP, and/or FDPIR benefits. On the enclosed listing, please indicate if these household members are **currently** participating in the Food Stamp, CalWORKs, KinGAP, and/or the FDPIR Program. This information will be used only to confirm the applicant's eligibility for free meal benefits.

Please return the enclosed listing by (insert date) _____. A stamped, return-addressed envelope is enclosed for your convenience. If you have any questions or need additional information, please contact _____ at () _____ - _____.

Sincerely,

(Signature of Authorized District/Agency Official)

Printed Name and Title of District/Agency Official:

District/Agency Telephone Number:

() _____ ext. _____ Call between: _____ and _____

Enclosure: *(Welfare Agency) Verification for Food Stamp/CalWORKs/KinGAP/FDPIR Recipients
(Multiple Applicants)*

LETTER of VERIFICATION RESULTS and ADVERSE ACTION for INCOME HOUSEHOLDS

Date: _____

Benefit Change/Termination Date: _____

RE: _____
Enter Child(ren)'s name(s)

School: _____

Dear _____:

We have completed verification of your child(ren)'s eligibility for free or reduced-price meal benefits. Your child(ren)'s eligibility for meal benefits will be:

☐ **Changed from reduced-price to free effective immediately** because your household size and income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost. You must tell the school if your household income increases by more than \$50 per month (\$600 per year) or if your household size decreases.

☐ **Changed from free to reduced-price starting with the benefit change/termination date above** because your household size and income exceeds the maximum allowable amount for free meals.

Your child(ren) will be required to pay \$_____ for lunch and \$_____ for breakfast. You must tell the school if your household income increases by more than \$50 per month (\$600 per year) or if your household size decreases.

☐ **Terminated starting with the benefit change/termination date above.** Your child(ren) will be required to pay \$_____ for lunch and \$_____ for breakfast.

This decision is based on:

- ☐ Our verification of \$_____ for your household income and _____ household members which puts your household over the allowable amount for free or reduced-price meals.
- ☐ Your failure to comply with our verification efforts.

Should your income decrease or your household size change at any time during the school year, you may reapply for benefits. However, if your child(ren)'s meal benefits were terminated because you failed to comply with verification efforts, you will be required to submit income documentation when you reapply.

If you disagree with this decision, you may file an appeal with a hearing official. If your appeal is filed by the benefit change/termination date above, your child(ren) will continue to receive free or reduced-price meals until a decision is made by the hearing official. An appeal may be filed by calling or writing:

Name of Hearing Official: _____

Title of Hearing Official: _____

Address of School/District: _____

City/State/Zip: _____

Telephone: (____) _____ Ext. _____

**(Insert Welfare Agency Name)
VERIFICATION of**

**FOOD STAMPS/CalWORKs/KinGAP/FDPIR RECIPIENTS
(Multiple Applicants)**

(Insert School District/Sponsor/Agency Name Here)

ADULT HOUSEHOLD MEMBER LAST NAME, FIRST NAME, M.I.	CHILD'S NAME LAST NAME, FIRST NAME, M.I.	FOOD STAMP, CALWORKs, KINGAP, OR FDPIR CASE NUMBER	RECEIVING BENEFITS?	
			YES	NO

Name and address of Welfare Agency:	
Signature of welfare official certifying the above information is true and correct:	Date:
Printed name and title of certifying official:	Telephone Number: Extension:

Please return this form to:	at this address or FAX:
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